

Enfield Recreation Department
19 North Main Street
Enfield, CT 06082

Phone: 860-253-6420

Fax: 860-253-5147

Please print clearly (ineligible forms will delay processing)

Name: _____ Phone Number: _____

Mailing Address: _____

Participant Name (if different from above): _____

Program Withdrawal Policy: Due to limited space in our programs, refunds are not given unless for a medical reason upon receipt of a doctors note. A program credit to be used for another recreation program may be given on a case by case basis. If you would like to request a withdrawal from a program, you must fill out a withdrawal request form and submit it to the Recreation Department as soon as possible with any pertinent documentation attached. Your request will be processed in 7 - 10 business days.

A 10% processing fee will be charged on all withdrawals/credits and transfers. Withdrawal request forms may be found on the town's website and at the Recreation office

Program Name	Class Start Date	Fee

Reason for Request: _____

Please attach any appropriate documentation you have to help us process your request.

For office use only:

Date received: _____

Received by: _____

Disapproved: _____ Approved: _____

If Approved: ___ Refund ___ Program Credit

Administrative fee: _____

Total due customer: _____

Refunds Only: ___ Refund to Credit Card

___ Refund Check (P.O. Number: _____)

Assistant Recreation Supervisor/Date

Recreation Supervisor/Date